



I 018646

United States
Department of
Agriculture

Animal and
Plant Health
Inspection
Service

Policy and Program
Development

Environmental
Services, Unit 149
4700 River Road
Riverdale, MD
20737

ENQL 7-1 CY07
PERMANENT
Retire 07/12

July 11, 2007

Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504P)
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460-0001

ATTN: Norman Spurling (7502P)

SUBJECT: **FIFRA, Section 6(a)(2) report: aggregate adverse effects
incidents dated March, April, and May 2007 for the reporting
period ending July 30, 2007**

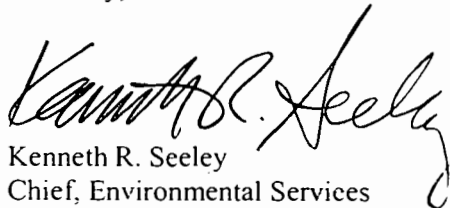
The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. Given this limitation, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period ending July 30, 2007.

EPA Reg. No. 56228-15M-44 Cyanide Capsules
Active Ingredient: CAS No. 143-33-9
Sodium Cyanide

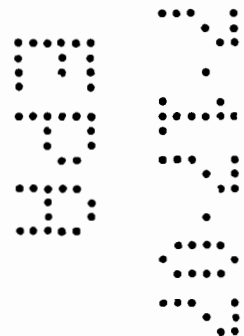
<u>Incident Category</u>	<u>No. of Incidents</u>
D-A	2
W-B	1

Please direct any questions pertaining to this adverse incident report to Elizabeth Nelson at (301) 734-4834 or e-mail elizabeth.e.nelson@usda.gov.

Sincerely,


Kenneth R. Seeley
Chief, Environmental Services

Enclosure



U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

-001

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE D-A	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 3-13-07	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 3-12-07	<input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information)		TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS)	
DUTY STATION ADDRESS		ADDRESS		
INCIDENT LOCATION		SOURCE OF INFORMATION		
CITY	STATE VA	COUNTY	<input checked="" type="checkbox"/> Self <input checked="" type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input checked="" type="checkbox"/> Oral Report <input type="checkbox"/> Other	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]

Livestock pasture

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]

Dog pulled M-44 sodium cyanide ejector

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44 sodium cyanide capsules	ACTIVE INGREDIENT sodium cyanide 91.06%
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

Received a telephone call from cooperator, stating a dog had been found dead on an adjoining property. After a site visit the next day an M-44 sodium cyanide ejector was found pulled approximately 200-400 yards from where the dog was found. Dog had been free roaming. Dog was not assessed by information was gathered from

NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE

WS FORM 160-R (June 99)

(Local Reproduction Authorized)

2

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM	ES USE ONLY
	REPORT NUMBER

"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant	"X" ONE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Wild	NUMBER OR ACRES AFFECTED
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SPECIES COMMON NAME domestic dog	BREED (If known) border collie
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DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Dog was found 200 yd from M-44 device. Information gathered from [unclear] Dog was not seen by myself.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

NA

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

NA

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

In accordance with EPA 26 use restrictions.

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

Sheep and cattle pasture.

ADDITIONAL FACTORS

Dog owner was assisted by [unclear] in finding the dog. All information pertaining to the incident was gathered from site visit and [unclear] No further communication is expected regarding this incident.

NAME OF PREPARER	SIGNATURE	DATE
NAME OF SUPERVISOR	SIGNATURE	DATE

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

-002

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE D-A	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 4-23-07	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 4-23-07 <input type="checkbox"/> Update	Date of last submission		
EMPLOYEE NAME (To contact for additional information)		TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
DUTY STATION ADDRESS			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY	STATE VA	COUNTY	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)				

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)] Livestock pasture	SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation] Dog pulled M-44 sodium cyanide ejector.
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EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44 sodium cyanide capsules	ACTIVE INGREDIENT sodium cyanide 91.06%	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

Found dog approximately 600 yards from pulled M-44 sodium cyanide ejector during a routine check. Dog had been free roaming, and was 2.5 miles from home.

NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

ES USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☒ Domestic ☐ Wild

NUMBER OR ACRES AFFECTED

SPECIES COMMON NAME

domestic dog

BREED (if known)

border collie

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Dog was found 60 yards from a pulled M-44 device.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

NA

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

NA

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

In accordance with EPA 24 use restrictions

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

Sheep and cattle pasture.

ADDITIONAL FACTORS

Dog owner was notified and was understanding of the situation. No further communication is expected regarding this incident.

NAME OF PREPARER

SIGNATURE

NAME OF SUPERVISOR

SIGNATURE

DATE

DATE

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
ANIMAL DAMAGE CONTROL

REPORT OF INJURY OR DEATH OF NONTARGET ANIMAL

INSTRUCTIONS: This form is for use as directed by supervisor following the injury or death of domestic animals or threatened/endangered species by ADC equipment or actions. Complete all applicable items. Additional questions are on reverse side of this form. Attach additional sheets as necessary. Attach statements of witnesses, photocopy of agreement, map of location and photos of site and animal if possible.

1. DESCRIPTION OF ANIMAL				2. IS TORT CLAIM LIKELY?		AMOUNT (Estimated)	
Species <u>Dog</u>	Breed (if applicable) <u>Border Collie</u>	Estimated Weight <u>40 lbs</u>	Age Class <u>14 months</u>	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$	
3. NAME OF OWNER OF ANIMAL				4A. ACCIDENT LOCATION (nearest city/town, ranch or highway intersection)			
Street Address/P.O. Box				COUNTY/PARISH _____ STATE <u>VA</u>			
City/Town				4B. LAND CLASS			
State <u>VA</u> Zip Code Phone No.				Name of Property Owner or Land Managing Office			
4C. LAND OPERATOR (Lessee) NAME AND ADDRESS				<input checked="" type="checkbox"/> Private <input type="checkbox"/> BLM <input type="checkbox"/> USFS <input type="checkbox"/> State <input type="checkbox"/> Other			
				Street Address/P.O. Box			
				City/Town			
				State <u>VA</u> Zip Code Phone No.			

5. DEATH/INJURY

Indicate disposition of animal <input type="checkbox"/> Injury <input checked="" type="checkbox"/> Death		Date of injury or death <u>4-23-07</u>	Cause: (If injury, describe) <u>Pulled an m-44 cyanide ejector</u>
6A. WAS AUTOPSY CONDUCTED OR SAMPLE TESTED FOR TOXIC MATERIAL <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6B. BY WHOM	6C. FINDINGS
7. WAS OWNER AWARE OF CONTROL WORK IN AREA <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. DID ANIMAL BELONG TO OWNER OR LESSEE OF PROPERTY WHERE CONTROL WORK WAS BEING DONE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9. WAS AGREEMENT CURRENT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10. WAS CONTROL SITE PROPERLY POSTED WITH SIGNS IN READABLE CONDITION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

11. NAME OF EMPLOYEE CONDUCTING CONTROL WORK

12. STEPS TAKEN TO PREVENT RECURRENCE

NA

REPORT OF INCIDENT: Attach additional sheets as necessary. Attach statements of witnesses, photocopy of agreement, map of location and photos of site and animal if possible.

13. IN CASES INVOLVING THREATENED AND ENDANGERED (T&E) SPECIES NOTE SIGNIFICANCE OF LOSS TO LOCAL/NATIONAL POPULATION

NA

WAS T&E SPECIES PREVIOUSLY KNOWN TO EXIST IN AREA? ☐ Yes ☐ No

CHEMICAL			
14. TYPE <u>Sodium Cyanide</u>	15. STRENGTH <u>91.06%</u>	16. REGISTRATION NO. <u>56228-15</u>	17. CARRIER BAIT <u>m-44</u>
18. SYMPTOMS EVIDENT <u>m-44 was fired, dog was found 60 yards away</u>		19. TIME ELAPSED FROM INGESTION TO SYMPTOMS/DEATH <u>NA</u>	20. ANIMAL'S PROXIMITY TO TOXICANT <u>60 yards</u>
MECHANICAL			
21. TYPE	22. ESTIMATED TIME ANIMAL IN EQUIPMENT	23. DATE OF LAST EQUIPMENT CHECK	
1.5 DESCRIBE SET:			
24. NATURE AND PURPOSE OF CONTROL WORK BEING CONDUCTED (i.e., depredation request, rodent control, etc.)			

Depredation of livestock has occurred in area

25. DESCRIPTION OF CONTROL SITE (Nearest residence, road, coop or boundary line)

Livestock pasture

26. WAS CONTROL IN COMPLETE COMPLIANCE WITH REGULATIONS AND GOOD JUDGEMENT (Signs, Program Policy, State/Federal law)

yes

27. DESCRIBE HOW ANIMAL MADE CONTACT WITH CONTROL TOOL

Dog entered cooperators pasture and pulled M-44
Sodium cyanide ejector.

28. WAS OWNER WITH ANIMALS AT TIME OF CONTACT WITH CONTROL TOOL?

☐ Yes ☒ No

29. DESCRIBE EVIDENCE AT SCENE THAT SUPPORTS OR REFUTES POSSIBLE CLAIM OF NEGLIGENCE

NA

30. EMPLOYEE COMMENTS (attach additional page if necessary)

Dog had been free roaming approximately 2.5 miles
away from home at time of incident.

31. SIGNATURE OF EMPLOYEE

32. DATE

4-26-07

33. SUPERVISOR/INVESTIGATING OFFICER COMMENTS (Attach additional page if necessary)

953

34. SIGNATURE OF INVESTIGATING OFFICER

35. DATE

5-1-7

36. SIGNATURE OF SUPERVISOR

37. DATE

5-1-7

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

-003

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE W-B	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 4-30-07	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 4-30-07	<input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information)		TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS)	
DUTY STATION ADDRESS		ADDRESS		
INCIDENT LOCATION		SOURCE OF INFORMATION		
CITY	STATE VA	COUNTY	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other _____	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]

Livestock Pasture

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]

Black bear pulled M-44 sodium cyanide ejector.

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44 Sodium Cyanide Capsules	ACTIVE INGREDIENT Sodium cyanide 91.06%
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

Found black bear approximately 60 yards from pulled M-44 sodium cyanide ejector during a routine check.

NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
ANIMAL DAMAGE CONTROL

REPORT OF INJURY OR DEATH OF
NONTARGET ANIMAL

INSTRUCTIONS: This form is for use as directed by supervisor following the injury or death of domestic animals or threatened/endangered species by ADC equipment or actions. Complete all applicable items. Additional questions are on reverse side of this form. Attach additional sheets as necessary. Attach statements of witnesses, photocopy of agreement, map of location and photos of site and animal if possible.

1. DESCRIPTION OF ANIMAL

Species Black Bear	Breed (if applicable) NA	Estimated Weight 80 lbs.	Age Class 1 yr.	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	2. IS TORT CLAIM LIKELY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	AMOUNT (Estimated) \$
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3. NAME OF OWNER OF ANIMAL

NA

Street Address/P.O. Box

City/Town

State Zip Code Phone No.

4C. LAND OPERATOR (Lessee) NAME AND ADDRESS

4A. ACCIDENT LOCATION (nearest city/town, ranch or highway intersection)

COUNTY/PARISH

STATE

VA

4B. LAND CLASS

- ☒ Private
☐ BLM
☐ USFS
☐ State
☐ Other

Name of Property Owner or Land Managing Office

Street Address/P.O. Box

City/Town

State Zip Code Phone No.

VA

5. DEATH/INJURY

Indicate disposition of animal <input type="checkbox"/> Injury <input checked="" type="checkbox"/> Death	Date of injury or death 4-30-07	Cause: (if injury, describe) Pulled an m-44 cyanide ejector.
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6A. WAS AUTOPSY CONDUCTED OR SAMPLE TESTED FOR TOXIC MATERIAL

- ☐ Yes ☒ No

6B. BY WHOM

6C. FINDINGS

7. WAS OWNER AWARE OF CONTROL WORK IN AREA

- ☐ Yes ☐ No NA

8. DID ANIMAL BELONG TO OWNER OR LESSEE OF PROPERTY WHERE CONTROL WORK WAS BEING DONE

- ☐ Yes ☐ No NA

9. WAS AGREEMENT CURRENT

- ☒ Yes ☐ No

10. WAS CONTROL SITE PROPERLY POSTED WITH SIGNS IN READABLE CONDITION

- ☒ Yes ☐ No

11. NAME OF EMPLOYEE CONDUCTING CONTROL WORK

12. STEPS TAKEN TO PREVENT RECURRENCE

NA

REPORT OF INCIDENT: Attach additional sheets as necessary. Attach statements of witnesses, photocopy of agreement, map of location and photos of site and animal if possible

13. IN CASES INVOLVING THREATENED AND ENDANGERED (T&E) SPECIES NOTE SIGNIFICANCE OF LOSS TO LOCAL/NATIONAL POPULATION

NA

WAS T&E SPECIES PREVIOUSLY KNOWN TO EXIST IN AREA? ☐ Yes ☐ No

CHEMICAL

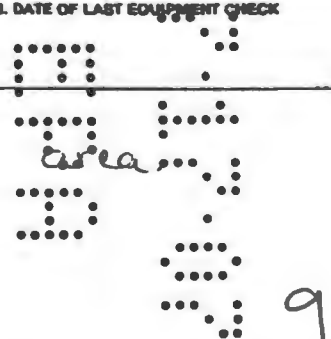
14. TYPE Sodium Cyanide	15. STRENGTH 91.06%	16. REGISTRATION NO. 56228-15	17. CARRIER BAIT M-44
18. SYMPTOMS EVIDENT m-44 was fired, black bear was found 60 yards away		19. TIME ELAPSED FROM INGESTION TO SYMPTOMS/DEATH NA	20. ANIMAL'S PROXIMITY TO TOXICANT 60 yards

MECHANICAL

21. TYPE	21.5 DESCRIBE SET:	22. ESTIMATED TIME ANIMAL IN EQUIPMENT	23. DATE OF LAST EQUIPMENT CHECK
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24. NATURE AND PURPOSE OF CONTROL WORK BEING CONDUCTED (i.e., depredation request, rodent control, etc.)

Depredation of livestock has occurred in area



9

25. DESCRIPTION OF CONTROL SITE (Nearest residence, road, cooperator boundary line)

Livestock pasture

26. WAS CONTROL IN COMPLETE COMPLIANCE WITH REGULATIONS AND GOOD JUDGEMENT (Signs, Program Policy, State/Federal law)

yes

27. DESCRIBE HOW ANIMAL MADE CONTACT WITH CONTROL TOOL

Bear was within cooperators livestock pasture and pulled m-44 sodium cyanide ejector.

28. WAS OWNER WITH ANIMALS AT TIME OF CONTACT WITH CONTROL TOOL?

☐ Yes ☐ No NA

29. DESCRIBE EVIDENCE AT SCENE THAT SUPPORTS OR REFUTES POSSIBLE CLAIM OF NEGLIGENCE

NA

30. EMPLOYEE COMMENTS (attach additional page if necessary)

Virginia Dept. of Game and Inland Fisheries, -
office. - was notified and recovered the animal.
Cooperators farm has been worked for the past 2 years
with no other incidents

31. SIGNATURE OF EMPLOYEE

32. DATE

4-30-07

33. SUPERVISOR/INVESTIGATING OFFICER COMMENTS (Attach additional page if necessary)

34. SIGNATURE OF INVESTIGATING OFFICER

35. DATE

36. SIGNATURE OF SUPERVISOR

37. DATE

5-8-07